



SmartPA Criteria Proposal

Drug/Drug Class:	Neuropathic Pain Agents PDL Edit		
First Implementation Date:	May 29, 2013		
Proposed Date:	December 17, 2020		
Prepared For:	MO HealthNet		
Prepared By:	MO HealthNet/Conduent		
Criteria Status:	□Existing Criteria ☑Revision of Existing Criteria □New Criteria		

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Neuropathic pain results from damage or disease affecting the somatosensory system. It may be associated with abnormal sensations and pain produced by normally non-painful stimuli. Neuropathic pain may have continuous and/or episodic components. Common symptoms include burning or coldness, pins and needles sensations, numbness, and itching. This type of pain may result from disorders of the peripheral nervous system or the central nervous system and may be divided into peripheral or central neuropathic pain, or mixed (which includes both).

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

)	Preferred Agents	Non-Preferred Agents
:	Gabapentin Caps/Tabs	Gabapentin Soln
	Lidocaine 5% Patch	Gralise®
		Horizant®
		Lidoderm®
		Neurontin®
		Qutenza®
		 Ztlido[™]

Type of Criteria: ☑ Increased risk of ADE ☑ Preferred Drug List

Data Sources: ☐ Only Administrative Databases ☐ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Neuropathic Pain Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 1 or more preferred agents
 - Documented trial period for preferred agents OR
 - Documented ADE/ADR to preferred agents AND
- For Lidocaine 5% Topical Patch:
 - o Approved for post-herpetic neuralgia
 - Participant is currently pregnant
- For Horizant: available for diagnosis of Restless Legs Syndrome
 - After therapeutic trial on ropinirole or pramipexole (trial defined as 30/180 days) OR
 - o Documented ADE/ADR to these agents
- For Gabapentin solution: available for participants ≤ 10 years of age

Denial Criteria

- Lack of adequate trial on preferred agents
- · Therapy will be denied if all approval criteria are not met
- For Gabapentin: cumulative daily doses > 3600 mg
- Claim exceed maximum dosing limitations for the following:

Drug Description	Generic Equivalent	Max unit/Day
GABAPENTIN 250 MG/CUP SOLUTION	GABAPENTIN	60 ML
GABAPENTIN 300 MG/6ML SOLUTION	GABAPENTIN	60 ML
GRALISE ER 300 MG TABLET	GABAPENTIN	10 TABS
GRALISE ER 600 MG TABLET	GABAPENTIN	5 TABS
HORIZANT ER 300 MG TABLET	GABAPENTIN ENACARBIL	10 TABS
HORIZANT ER 600 MG TABLET	GABAPENTIN ENACARBIL	5 TABS
LIDODERM 5% PATCH	LIDOCAINE	3 PATCHES
NEURONTIN 100 MG CAPSULE	GABAPENTIN	30 CAPS
NEURONTIN 250 MG/5 ML SOLN	GABAPENTIN	60 ML
NEURONTIN 300 MG CAPSULE	GABAPENTIN	10 CAPS
NEURONTIN 400 MG CAPSULE	GABAPENTIN	8 CAPS
NEURONTIN 600 MG TABLET	GABAPENTIN	5 TABS
NEURONTIN 800 MG TABLET	GABAPENTIN	4 TABS
QUTENZA 8% KIT	CAPSAICIN/SKIN CLEANSER	4 PATCHES
ZTLIDO 1.8% TOPICAL SYSTEM	LIDOCAINE	3 PATCHES

Required Document	ation			
Laboratory Results: MedWatch Form:		Progress Notes: Other:		

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)

Rule Type: PDL

SmartPA PDL Proposal Form

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Default Approval Period

1 year

References

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- 2. Evidence-Based Medicine Analysis: "Neuropathic Pain", UMKC-DIC; September 2020.
- 3. "Gabapentin Misuse, Abuse, and Diversion: A Systematic Review". Havens, JR, Smith, RV, Walsh, SL. Addiction. 2016 July; 111(7): 1160–1174. doi:10.1111/add.13324.
- 4. Ohio Administrative Code, 4729 State Board of Pharmacy; Chapter 4729-37 Drug Database. Rule 4729-37-12: Dangerous Drug Monitoring. Rule effective December 2016. Ohio website accessed December 2017.
- 5. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
- 6. USPDI, Micromedex; 2020.
- 7. Drug Facts and Comparisons On-line; 2020.

